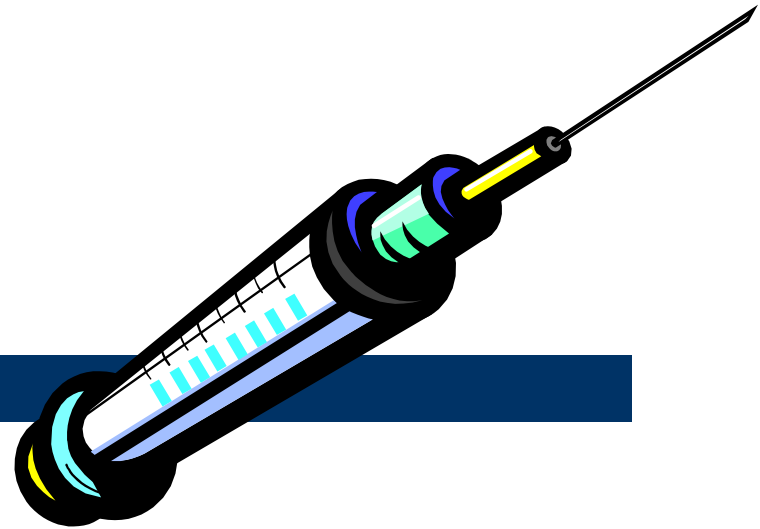


National Association of County Veterans Service Officers



Medical Benefits

Medical Benefits



- **Eligibility**

- Discharge under honorable conditions
- Active Duty
- Prior to September 1, 1980, must have served one day of active duty
- September 1, 1980 and after, must have served 24 months

Categories

- Eight basic categories
- Pension Recipient No Co-pay
- 50% SC or higher No Co-pay
- Below 50% SC No Co-pay for Service Connected Condition
- Purple Heart and POW – Special Benefits
- Priority Groups 7 and 8 must make co-payments

Categories Cont

- Not in receipt of SC or Pension must be below geographic means level of income
- Above means level – **NO** medical benefits for new applicants

Private Insurance

- VA authorized to bill private insurance

For non-service connected conditions

Veteran responsible for co-pay only

Co-Pays per 30-day supply

- \$8.00 for Groups 2 thru 6
- \$9.00 for Groups 7 and 8
- \$15.00 for prime care visit(s) per day
- \$50.00 for specialty clinic visit(s) per day

Co-Pay – Priority Group 7

- In-Patient Care – within a 365-day period
 - First 90 days - \$231.20
 - Each additional 90 days - \$115.60
 - Plus a daily charge of \$2.00

Co-pay – Priority Group 8

- In-Patient Care – within a 365-day period
 - First 90 days - \$1156.00
 - Each additional 90 days - \$578.00
 - Plus a daily charge of \$10.00

Application for Medical Benefits

- **10-10EZ** for initial application
- **10-10EZR** for yearly update

Dental Care

- VocRehab participants
- 100% service-connected
 - both schedular and by “IU”
- Up to **180** days following discharge
 - Only if no dental exam within 90 days before separation

Fee Basis

- Service-connected condition(s)
- In receipt Specially Monthly Pension (SMP)
- Recurrent outpatient medical treatment
- No VAMC facility available, or
- VAMC cannot treat the condition
- Cost of treatment is a determining factor

Fee Basis

- Two bill-paying functions:
 - 1. For pre-arranged or pre-approved non-VA services
 - 2. For not-pre-arranged and emergency non-VA services

Fee Basis – Pre-Approved / Pre-arranged Non-VA Healthcare

- “Fee Basis” services are approved upon the recommendation of the veteran’s VA physician
- The VA may assign a Fee Basis Provider
(e.g., when the VAMC cannot provide a specific service or treatment)
- Veteran may find a local provider
 - Provider agree to accept VA payment for “normal fees for services provided” as payment in full
- Either way, the PROVIDER bills the VA through the Fee Basis Department

Fee Basis Claims

- Claims for unauthorized private hospitalization are filed through the VAMC where enrolled
- Emergency hospitalization at a non-VA facility for a service-connected condition requires VA notification with 72 hours of admission

Travel Pay

- Treatment for SC Condition
- Rating 30% or higher for any condition
- Receiving VA pension or below pension income limit
- C&P exam